



California's protection and advocacy system

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RESIDENTIAL SERVICES¹

These changes are included in the Budget Trailer Bill. They will be effective when the Budget is approved, unless the language is changed by the legislature.

Residential services refer to community living arrangements outside of a person's own home or family home, in a licensed residential facility, which is funded by the regional center. Most residential services also meet federal Medicaid criteria. The state receives federal funding when consumers live in a residential facility that meets these criteria. Some community care facilities, that have more than 16 beds or that do not meet other federal criteria are not eligible for federal matching funds.

How the Law Changed

In order to maximize the amount of federal financial assistance California receives and to encourage living arrangements that are smaller and more home like, the type of residential services that may be purchased for you has changed as follows.

1. A regional center cannot newly vendor a licensed 24-hour residential care facility which has a licensed capacity of 16 or more beds unless

¹ The changes are part of the Budget Trailer Bill AB x3 45.

You may find the law at http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0001-0050/abx3_45_bill_20090628_amended_asm_v98.html

The changes affecting Residential Services are found in Welfare & Institutions Code, Section 4648(a)(3)(E) and (a)(9)(B).

the facility qualifies for receipt of federal funds under the Medicaid Program. This is effective as of July 1, 2009.

2. A regional center can not purchase residential services from a licensed 24-hour residential care facility which has a licensed capacity of 16 or more beds. This change is effective as of July 1, 2012.

This prohibition does not apply to:

- a) A facility which has been approved to participate in the Home and Community Based Services Waiver or another existing waiver program or certified to participate in the Medi-Cal program.
- b) A residential facility service provider that has a written agreement and specific plan, prior to July 1, 2012, either to downsize the facility to 15 or fewer beds or to restructure the facility to meet Medicaid eligibility requirements on or before June 30, 2013.

What Should I Do If The Regional Center Wants to Change Where I Live?

If your regional center wants to change your living arrangement, it must hold an IPP meeting.² Although after June 30, 2012, you may not be able to live in a large community care facility, the IPP team must discuss the alternative places you can live and help you find a new living arrangement that meets your needs.

If after the IPP meeting, the regional center identifies a new living arrangement that you do not agree with, the regional center must give you a written notice of its decision. The notice must be given 30 days before the change begins.³

If you want to continue to receive the services, you must request a fair hearing. If you want to continue to receive your current services, you must

² See Welfare & Institutions Code Section 4646.4 (a) - (c).

³ See Welfare & Institutions Code Section 4710.

request a hearing within 10 days of receiving the notice.⁴ Otherwise, the request must be made within 30 days.⁵

For more important information on how to appeal decisions by the regional center, read our fact sheet, Due Process and Hearing Rights.

⁴ See Welfare & Institutions Code Section 4715.

⁵ See Welfare & Institutions Code Section 4710.5 (a).